

Case Number:	CM14-0050698		
Date Assigned:	06/23/2014	Date of Injury:	09/13/2010
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year-old male truck driver sustained an injury on 9/13/10 while employed by [REDACTED]. Request under consideration include Physical Therapy lumbar spine 2 times week for 6 weeks. The patient has underwent Cervical fusion at C5-7 (unspecified date); L5-S1 hemilaminotomy (unspecified date) with L3-4 laminotomy and revision of L5-S1 hemilaminotomy in November 2012. Diagnoses include Grade 1 anterolisthesis at L3-4/retrolisthesis L4-5, L5-S1/ multiple lumbar herniated nucleus pulposus (HNP) with stenosis; Cervical canal stenosis/ cervicogenic vs. neurogenic headaches/ C6-7 pseudoarthrosis. Last CT scan of 5/2/12 showed osteophyte of C3-4 to C6-7 with neural canal narrowing on left C6-7 and right C5-6. Conservative care has included postoperative physical therapy, HEP, gabapentin, cyclobenzaprine, norflex, norco, lidopro cream, and activity modification. Report from PA for provider dated 1/20/14 noted patient with ongoing neck and low back pain rated at 9/10 and 6/10 respectively; with symptoms radiating to bilateral upper extremities and left lower leg. The patient last worked in 2010. Medications have helped with pain and normalization of function. Exam showed diffuse tenderness to palpation of the cervical and lumbar spine; diffuse motor weakness of 4+ to 5-/5 in upper and lower extremities muscles; hyporeflexive or absent reflexes; diminished sensation in left L5 and S1 dermatomes; and positive Straight leg raise (SLR) of 30 degrees on left with positive Spurling's and slump tests. Treatment recommendations include physical therapy, pain psychology and medications. The request for Physical Therapy lumbar spine 2 times week for 6 weeks was non-certified on 3/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy lumbar spine 2 times week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy lumbar spine 2 times week for 6 weeks is not medically necessary and appropriate.